



Name of Event: **Connecticut's Kick-off Event
to the 2005 White House Conference on Aging**

Date of Event: **November 19, 2004**

Location of Event: **Waterbury Courtyard Marriott, Waterbury Connecticut**

Number of Participants: **250**

Sponsoring Organization: **Connecticut Commission on Aging
and the State Unit on Aging
(Aging Services Division - Dept. of Social Services)**

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Overview

On November 19, 2004, approximately two hundred and fifty Connecticut residents participated in the states first kick-off event to the 2005 White House Conference on Aging (WHCoA). The audience represented a broad array of constituents, including direct service providers from long-term facilities, adult day care programs, and senior citizen centers. The group also included consumer advocacy organizations, policy advocates, social service agencies, municipal agents, representatives from Connecticut universities and colleges, as well as state and local elected officials. Further, many of the participants were older adults.

Barbara Kennelly provided the conference keynote address on behalf of the Policy Committee Member of the 2005 WHCoA (of which she is a member). She is the President and CEO of the National Committee to Preserve Social Security and Medicare. Before performing this important position, she was the first woman from our state to be elected to seven terms in Congress, the first woman in American history to serve as a Deputy Majority Whip as well as to serve on the House Intelligence Committee.

With great respect and appreciation, Connecticut's stakeholders wholeheartedly welcomed Ms. Kennelly back to her home state. She then offered provoking thoughts about what lies ahead for the country's aging citizens and how the 2005 WHCoA will set the stage for policy initiatives for the next decade to address those challenges. She also gave attendees a sense of importance and history of the White House Conference on Aging.

History of the WHCoA

1960's - The first WHCoA set the stage for Medicare and Medicaid, as well as Social Security Amendments and the Older Americans Act.

1970's - WHCoA established a national nutrition program for older adults and created the House Select Committee on Aging. By 1976, 75% of the 193 recommendations that were developed at the WHCoA were fully or partially implemented.

1980's - WHCoA had a major focus on Social Security.

1990's - WHCoA was described as pragmatic and concentrated on reaffirming existing programs.

As the first WHCoA of the 21st Century approaches, the country faces significant and unprecedented challenges to shape elder policy for the next decade and beyond. Most notably, the United States is a rapidly aging nation. In 2006, the first of the country's 76 million baby boomers will begin to turn 60. By 2030 the number of older persons is expected to double to more than 70 million. Additionally, Americans are living longer than ever before. People 85 years of age and older are the fastest growing segment of our population nationwide. In illustration, there were approximately 4 million people 85 years of age and older as of the 2000 Census; by 2050 the projection is that there will be 19 million people in that age group.

Our country, as well as each state, is challenged to establish a policy platform for the next ten years and beyond for the unprecedented number of citizens in this country who are aging. We must develop comprehensive policies and practices that afford elders the grace, dignity, respect, and reverence they so rightly deserve. The Connecticut WHCoA Kick-off Event, as well as others held across the nation, will be instrumental in this process.

Throughout our event as well as after, with much conviction, Connecticut's stakeholders expressed that Social Security and Medicare should be central on the national conference agenda.

Process for Connecticut's WHCoA

Based upon feedback as part of the registration process, five areas of importance emerged as discussion topic themes. The five areas were as follows: 1) home and community based services, 2) transportation, 3) Medicare, 4) income security, and 5) employment & volunteerism. Surprisingly, more than half of those registered for the conference indicated that home and community based services and supports was either their first or second choice as a policy topic. There were seven breakout sessions, with home and community based services comprising three of the breakout groups.

Priorities for Connecticut's WHCoA

Priority Issue #1 - Home and Community Based Services

Historically, Connecticut has rated poorly in regards to state dollars spent for the provision of home and community based service and supports for older adults and persons with disabilities. Though slow and steady progress has been made in this area, we still have a long way to go.

Barriers:

- Lack of community based programs, services and supports for people of all ages.
- Limited waiver slots for community-based programs.
- Restricted funding for community services.
- Prevalent institutional bias, especially with funding mechanisms.
- Fragmented and complex LTC service delivery system.
- Lack of mental health services.
- Lack of respite care services for caregivers.
- Insufficient availability of affordable housing to meet growing need.

Solutions:

- Establish parity of funding between community services and supports and institutional facilities. This will give people an opportunity to choose the setting in which they receive care.
- Mandate collaboration among state agency programs in regards to eligibility requirements and service provision in order to ease of access to services for people as their needs (and age) change.
- Increase waiver programs that support people staying in their home and communities.
- Provide incentives for start-up programs that support elders in the community.
- Expand Medicare to provide care and services to chronically ill clients.
- Provide respite services for caregivers.
- Provide funding to support programs that enhance wellness.

Priority Issue #2 - Medicare

The Medicare Modernization Act of 2004 is perhaps the most sweeping policy change affecting older adults in the past several decades. In Connecticut and across the nation it proved to be a complex and divisive issue.

Among our conference registrants, Medicare was rated second highest in interest. In the workshops, the following two main issues emerged: preserving the traditional Medicare model and improving prescription drug coverage under Medicare.

Barriers:

- Increased pressure to privatize Medicare.
Such efforts may turn the program into a welfare program.
- Widespread confusion among Medicare beneficiaries, especially regarding the drug benefit.
- High costs remain problematic even with Part D.

- Problematic to Part D is the "doughnut hole" will be expensive for beneficiaries when they have to pay for their prescriptions out-of-pocket.
- Potential loss of entitlement to Medicaid drug coverage in 2006 with the new Part D drug benefit for the dually eligible beneficiaries.

Solutions: There was an overwhelming agreement that Congress and the Administration should preserve the traditional model of funding Medicare; do not privatize Medicare. In general, modify the Part D prescription drug benefit to make prescription drugs more affordable and accessible. A variety of strategies should be employed to accomplish affordability including: 1) allowing the reimportation of prescription drugs from Canada, 2) eliminating the prohibition of federal government to negotiate drug prices and authorizing the secretary of HHS to negotiate for lower costs of prescription drugs for Medicare, and 3) utilizing bulk purchasing power.

Key to helping with access is to eliminate the "doughnut hole" and provide full prescription drug coverage. Federal support for state and local education and information initiatives are paramount to help explain Medicare in an "easy to understand" way.

Priority Issue #3 - Transportation Services

To be able to remain in their homes and communities, the provision of affordable and reliable transportation is critical. Connecticut has an infrastructure that provides some bus transportation in the urban areas, limited service in the suburban areas, and severely limited service in the rural areas.

Barriers:

- Lack of affordable, reliable transportation services.
- Limited funding is available to pay for drivers.
- Lack of stretcher transport for non-Medicaid people and others unable to use wheelchair transportation systems.
- Lack of insurance for volunteer drivers impacts the efforts to meet the need for low cost transportation services.
- Lack of State and Federal support for senior transportation leads to local burden.

Solutions: There is a need for flexible transportation services, which utilizes a variety of vehicles to meet the needs of older people. "Thinking outside the bus" will enable communities to better meet the needs of older people for transportation services. Small vehicles such as cars can be used in a cost effective manner by senior centers and towns to address needs on a more individual basis. Transporting a small number of people in a small vehicle can be more cost effective than utilizing a van to do so. Small vehicles can be used to meet more individual needs, which are outside of the usual routes taken by larger vehicles such as vans. Establishing an insurance pool for volunteer drivers on a wide scale basis can increase the number of drivers available to transport individuals to important appointments such as medical treatments. Future elderly housing should be developed in consideration of location of services used by older people and available transportation services. Rates for homecare services must be adjusted to cover transportation costs and parking costs incurred while waiting for clients transported to medical appointments. A mechanism for sharing information on successful projects should be established at the federal level and be made available to all states.

Priority Issue #4 - Income Security

As citizens age, most of their income comes from savings programs. There is a need to preserve and maximize assets to generate income.

Barriers:

- Practice of not honoring pensions, including medical coverage.
- Loss of market value for 401K programs as well as traditional savings accounts.
- Widespread problems related to the IRA distribution taxation, social security solvency and the distribution of the social security benefits, long-term care planning, and initiatives that support the least restrictive alternative to care.

Solutions: There needs to be more low risk investment opportunities for retirement saving, state and federal laws need to guarantee pensions and pension benefits. Incentives should be offered to companies that develop sound retirement packages and maintain them. Additionally, efforts should be directed to: maintaining the solvency of social security, including social security as a tax investment; taxation of social security benefits; maintaining the social security income floor; no privatization of social security; bringing jobs back to the United States; refocusing on the original purpose of the Social Security Act. Also, long term care planning needs to incorporate funds for long term illness, financial support for services to maintain independence and promotion of initiatives such as long term care insurance that balance responsibility between the individual and the government. Additional protections need to be established on the rising cost of health care and the impact on elders on fixed incomes.

Priority Issue #5 - Employment and Volunteerism

Older adults should have the opportunity to keep active and engaged through volunteering their time and talent. For those who chose to do so, they should also have appropriate employment opportunities.

Barriers:

- Inappropriate grouping of employment and volunteerism.
- Difficulty in accessing opportunities for either option.
- Lack of accessible transportation.
- Inadequate exposure/public promotion of the worth of older workers.
- Lack of incentives for employers to higher older workers.
- Prevailing myths and misconceptions about older workers with an emphasis on their being needy and frail versus productive and contributing.
- Discrimination and lack of equal employment opportunities of older workers.
- Mundane and unrewarding volunteer opportunities.
- Unfulfilling employment opportunities.

Solutions: There is a need for public education about what volunteers are accomplishing, and the value of senior employment. Recognition is needed that volunteerism and employment are distinct and not overlapping needs. In addition, more meaningful and fulfilling volunteer roles and jobs are needed for people over 65 years of age.